

REQUIRED FOR APPLICATION A APPROVAL

Genetics, Livestock Equipment, Livestock Working Facility Cover, Hay Storage, Livestock Feed Storage, Grain Storage

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Reimbursement check will be mailed to this address.

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
OR Limited Liability Company (LLC) formed as a Disregarded Entity
- 7) A valid trust, estate, or pension trust
- 8) Corporation **OR** Limited Liability Company (LLC) formed as a Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization
(for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership **OR** Limited Liability Company (LLC) formed as a Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government Agencies and organizations which are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.**

_____ - _____ - _____

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

_____ - _____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____



**Genetics - Livestock Equipment - Hay Storage – Grain Storage
Livestock Working Facility Cover - Livestock Feed Storage**
2014 Cost Share Application – *Application A*

Office Use Only
Date Received

1. APPLICANT INFORMATION

Taxpayer ID Information List one number only. This number must match your Substitute W-9 form (pg.20).		Social Security Number (XXX-XX-XXXX)		or	Federal Tax ID# (XX-XXXXXXX)		
Last Name		First Name		Middle Name		Title	Suffix
						<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS	<input type="checkbox"/> JR <input type="checkbox"/> SR
Address Type	Street		City		ST	Zip Code	County
Mailing					TN		
Residential					TN		
Home Phone		Cell Phone		E-mail			

2. FARM/PREMISES INFORMATION

Farm Street Address		Farm City		ST	Zip Code	Farm County	
				TN			
Premises Account #		Premises ID #					
Property Ownership	<input type="checkbox"/> Applicant Owned	<input type="checkbox"/> Lease	<input type="checkbox"/> Family Owned – list name of legal property owner below: Name:				
<ul style="list-style-type: none"> ❖ TDA Premises Registration is required if applicant has livestock on their operation. ❖ Applicant name must match contact name (primary or alternate) listed on premises account to be eligible. ❖ Farm address must match address registered for Premises ID # listed. ❖ Applicant or a member of the applicant's immediate family must own land where permanent structures will be built. ❖ Only one Application A, per premises or property, per family owned land, per household, per business, per application period is allowed. ❖ If applicant does not have livestock on their operation, list farm address and indicate property ownership only. 							

3. APPLICANT CERTIFICATIONS/PERMITS

TN Beef Quality Assurance (BQA) – Required for cattle	BQA Certification #:	
	BQA Expiration Date:	
Pork Quality Assurance Plus (PQA) – Required for swine	PQA Certification #:	
	PQA Expiration Date:	
TDA Dairy Permit # – Required to be eligible as a dairy	TDA Dairy Permit #:	
UT Master Beef Producer (MBP), Master Dairy Producer (MDP), or TN Milk Quality Initiative (TQMI) – Required for 50% - cattle	Plan to take or completed MBP/ MDP/TQMI Course?	<input type="checkbox"/> No <input type="checkbox"/> Yes
UT Master Meat Goat Producer (MMGP) – Required for 50% - goat/sheep	Plan to take or completed MMGP Course?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Certifications/permits must be completed by applicant. No substitutions allowed. See pages 3 & 4 for more information.		

4. LIVESTOCK AND ACREAGE INFORMATION

Head of Livestock = maximum number of single type, regardless of sex or age, at one time during the last 12 months.					
Check Livestock Type	List # of Head	Check Livestock Type	List # of Head	Check Acreage Type	List # of Acres
<input type="checkbox"/> Cattle - Beef		<input type="checkbox"/> Sheep - Meat		<input type="checkbox"/> Hay	
<input type="checkbox"/> Cattle - Dairy - Milk producer		<input type="checkbox"/> Sheep - Dairy		<input type="checkbox"/> Corn	
<input type="checkbox"/> Cattle - Dairy - Heifer replacement		<input type="checkbox"/> Poultry - Broilers		<input type="checkbox"/> Soybeans	
<input type="checkbox"/> Goats - Meat		<input type="checkbox"/> Poultry - Layers		<input type="checkbox"/> Wheat	
<input type="checkbox"/> Goats - Dairy		<input type="checkbox"/> Swine		<input type="checkbox"/> Other	



5. COST SHARE REQUEST SUMMARY					
<ul style="list-style-type: none"> ✓ Applicants can apply for up to three cost share requests. ✓ Only one cost share request per group (Genetics, Facility Improvement, and Storage) is allowed. ✓ Indicate your cost share request by checking "Yes" or "No" for each program. ✓ Rank the programs checked "Yes" by importance for your operation in 2014. ✓ Show the rank by circling the number: 1=first priority, 2=second priority, 3=third priority. 					
Program	Check Request	Priority Rank	Additional Information		Office Use
GENETICS – only one request allowed per group					
Genetics \$1,200 Maximum	<input type="checkbox"/> No <input type="checkbox"/> Yes	1 2 3	• Maximum reimbursement for Goats/Sheep genetics is \$350		<input type="checkbox"/> A <input type="checkbox"/> D
FACILITY IMPROVEMENT – only one request allowed per group					
Livestock Equipment \$3,500 Maximum	<input type="checkbox"/> No <input type="checkbox"/> Yes	1 2 3	• Approvals will be allocated maximum amount • Reimbursements for Livestock Working Facility Cover will be based on actual invoice costs up to maximum per square foot • Livestock Working Facility Cover program has a lifetime maximum of (1) reimbursement		<input type="checkbox"/> A <input type="checkbox"/> D
Livestock Working Facility Cover \$3,500 Maximum	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> A <input type="checkbox"/> D
STORAGE – only one request allowed per group					
Hay Storage \$7,500 Maximum	<input type="checkbox"/> No <input type="checkbox"/> Yes	1 2 3	• Applicants who received a Hay Storage approval in 2013 are not eligible to apply for Hay Storage in 2014 • Lifetime limit of (4) Hay Storage reimbursements • Approvals will be allocated maximum amount • Reimbursements for Hay Storage will be based on actual invoice costs up to maximum per square foot • Reimbursements for Livestock Feed Storage and Grain Storage will be based on actual invoice costs up to maximum		<input type="checkbox"/> A <input type="checkbox"/> D
Livestock Feed Storage \$10,000 Maximum	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> A <input type="checkbox"/> D
Grain Storage \$15,000 Maximum	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> A <input type="checkbox"/> D
6. APPLICANT AGREEMENT					
<ul style="list-style-type: none"> • I certify that I am a citizen of the United States of America and/or lawfully present in the United States. • I certify that I am a resident of Tennessee and that I am at least 18 years old on application date. • I understand that only one <u>Application A</u> is allowed per premises or property, per family owned land, per household, per business, per application period. • I understand that it is my responsibility to ensure that my project is eligible and meets all TAEP criteria. • I certify that all the information on this application is complete, true and factual to the best of my knowledge and belief. • I understand that providing any false, fraudulent or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs. • I also understand that failure to utilize allocated funds can affect eligibility for future programs. • I have reviewed and understand all of the guidelines listed in this application booklet. 					
_____ Print Applicant Name		_____ Date		_____ Applicant Signature	
7. HOW TO SUBMIT "APPLICATION A"					
<input type="checkbox"/> Review each section of application for completeness. <input type="checkbox"/> Fill in all blanks and check appropriate boxes where requested. <input type="checkbox"/> Attach Substitute W-9 form (page 20). <input type="checkbox"/> NO FAXES OR EMAILS ACCEPTED - Applications are only accepted by mail or hand delivery.				Mail to: TN Dept. of Agriculture Attn: TAEP FY2014-A P.O. 40627 Nashville, TN 37204	
Printed applications must be postmarked June 1 – 7, 2014 or hand delivered June 2 – 6, 2014. Applicant will be notified in writing of approval or denial of application. Allow 12 weeks for processing.					